## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

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		OL AUNTO A	CEUED D	ADTI			Constant of the Constant of th			to a second decrease from
		(C	(Column 1) (Column 2)		SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY		
FOR		NUMBI	R FILED	NUMBER	EXTRA	RATE	FEE		RATE	FEE
ВА	SIC FEE						345.00	OR		690.00
TC	TAL CLAIMS	19	minus 20:	minus 20= *				OR	X\$18=	
INE	EPENDENT CL	AIMS 2	minus 3 :	minus 3 = *				OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT					+130=		OR	+260=		
* If	* If the difference in column 1 is less than zero, enter "0" in column 2							OR	TOTAL	10900
	CLAIMS AS AMENDED - PART II								OTHER	
	(Column 1) (Column 2) (Column 3)					SMALL E	NTITY	OR	SMALL	ENTITY
AMENDMENT A	$\mathcal{Q}$	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	· 21	Minus +	<u> 20 </u>	= /	X\$ 9=		OR	X\$18=	1800
AME	Independent	· 2		··· <u>3</u>	=	X39=		OR	X78=	1
	FIRST PRESE	NTATION OF MI	JENPLE DEPE	NDENT CLAIM		+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)					
AMENDMENT B	B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	· 2/	Minus	·· 2/	=	X\$ 9=		OR	X\$18=	
AME	Independent	* 6		*** 3	= 3	40×39=		OR	84 <sub>78=</sub>	252
	FIRST PRESE	NTATION OF MI	JULIPLE DEPE	NDENT CLAIM		+130=		OR	+260=	
			and the state of t			TOTAL ADDIT. FEE	/	OD	TOTAL ADDIT. FEE	250,
1.	en grande en	(Column 1)		(Column 2)	(Column 3)	ADDIT. FEE S		٠	ADDII. FEE	pa
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus *	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	*		***	=	X39=		OR	X78=	
,	FIRST PRESE	NTATION OF MI	JLTIPLE DEPE	NDENT CLAIM						
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.							+260=			
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.										

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	Ala	00 348 ·

## **Total Fee Calculation**

Total Fee Calculation									
	Fee Code	Total # Claims		Number Extra	x	Fee	Fee	78	Total
•	Sm./Lg.					Sm. Entity	Lg. Entity		
Basic Filing Fee	201/101	ιĊ		•		345	<u>(290</u>	-	(Old
Total Claims >20	203/103		-20 =		X	7	18	**	
independent Claims >3	202/102	$\frac{\mathcal{U}}{\mathcal{U}}$	-3 =		X	100	<u>18</u>	=	***************************************
Mult. Dep Claim Present	204/104	•				130	260	<b>=</b>	
Surcharge	205/105					65	130	- 	<u>130</u>
English Translation	139								
TOTAL FEE CALCULA	<u>ATION</u>								90 ·
Fees due upon filing t	he application:						•		
Total Filing Fees Due	= \$		gu	<u> </u>					
Less Filing Fees Subn	nitted -\$		<u> </u>	71					
BALANCE DUE	= \$		<u>8</u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
Athan.								F	
Office of Initial Patent	Examination								

FORM OIPE-RAM-01 (Rev. 12/97)